It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated.

All tanks will be empty and compression of the control of the tank(s) listed below in the manner indicated.

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NOTIFICATION OF TANK CLOSURE

NOV 2 8 1989

	Winston-Salem
OWNERSHIP OF TANK(S)	LOCATION OF TANK(S) Regional Office
Name: Mr. Joe Naro	Site Name: same
Address: 5005 Langside Road	Address: 4325 N. O'Henry Blvd.
Greensboro, NC 27405	Greensboro, NC
Phone Number: 3755232	County: Guilford

TANKS FOR CLOSURE				
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD	
Tank 1	2500	GAS	X To Be Removed To Be Filled	
Tank 2	4000	GAS	X To Be Removed To Be Filled	
Tank 3			To Be Removed	
Tank 4		,	To Be Filled To Be Removed	
Tank 5			To Be Filled To Be Removed	
			To Be Filled	

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:				
(Contractor) Name: Piedmont Environmental Service	es, Inc.	<u>-</u>		
Address: P. O. Box 8861 Greensboro, State	NC	Zip ²⁷⁴¹⁹		
Contact: Bill Stewart	_Phone: (919) 668-4821			
yes Is this operator knowledgeable of the requirements for is this operator and employees medically monitored as yes Is this operator and employees specifically trained as reference.	the removal/filling of undergro required by OSHA 29 CFR, P required by OSHA 29 CFR, Pa	und storage tanks ? art 1910.120 [f] ? rt 1910.120 [e] ?		

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:				
(Contractor) Name: Piedmont Environmental Services, Inc.				
Address: P. O. Box 8861	Greensboro, State	NC	Zip 27419	
Contact: Guilford Labs	nooble of way !	Phone:274-290		
ls this operator and emp	geable of requirements for the loyees medically monitored a loyees specifically trained as	e closure assessment in	40 CFR, Part 280.72 ?	

NOTIFICATION SUBMITTAL / NOTIFICATION DATE		
Name: Bill Stewart	Scheduled Removal Date: 12-27-89	
Signature: Dil Demant	Date Submitted: 11-27-89	